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7590

01/21/2004

Brian M. Kolkowski, Esq.
ORBITAL RESEARCH INC.
4415 EUCLID AVENUE
CLEVELAND, OH 44103

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Brian M. Kolkowski	(Depositor's name)
<i>[Signature]</i>	(Signature)
4/7/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,669	03/05/2002	Troy S. Prince	ORBITAL-009	7746

TITLE OF INVENTION: REFRESHABLE BRAILLE DISPLAY SYSTEM WITH A FLEXIBLE SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	04/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FERNSTROM, KURT	3712	434-113000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Brian Kolkowski
2. James Hudak
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Orbital Research Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502704 (enclose an extra copy of this form).

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04/13/2004 FMETEX12 00000081 502704 10091669

01 FC:2501
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
ORB-009

Applicant(s): **Prince et al.**

Serial No.

Filing Date

Examiner

Group Art Unit

Confirmation No.

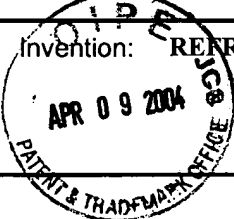
10/001 669

3/5/2002

Kurt Fernstrom

3712

Invention: **REREFRESHABLE BRAILLE DISPLAY WITH A FLEXIBLE SURFACE**



Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
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Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 665.00 ☐ Design Fee: _____ ☐ Plant Fee: _____

☒ Publication Fee: \$ 300.00

☐ A check in the amount of _____ is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. **502704**
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